

Checklist for ADC Inspections

Off-Site Preparation

- ☐ Review license for program capacity and expiration date
- ☐ Review compliance history, results of the last inspection, and any revisit information as applicable
- ☐ Review for outstanding complaints

Forms and Equipment

- ☐ Inspection Report Form (MO 580-2655)
- ☐ Inspection Report Continuation Form (MO 580-2656)
- ☐ Inspection Checklist (MO 580-2657)
- ☐ Copy of the current EDL list
- ☐ Thermometers and Flashlights
- ☐ Copy of the ADC regulations

Licensure Inspection

Request the Following:

- ☐ Personnel records for both paid and volunteers to include name, social security number, EDL/CBC checks, and a copy of licenses of appropriate staff (i.e. registered nurses)
- ☐ Contracts with any outside agencies providing services to participants (i.e. physical and/or occupational therapy)
- ☐ Menus of meals planned for the current week and meals actually served in the past four weeks.
- ☐ Any modified or calculated diets served to participants per physician orders
- ☐ Schedule of planned group activities and records of the conducted activities for the last four weeks.
- ☐ Daily attendance log
- ☐ Current program reports from local fire authorities and health departments as applicable
- ☐ Copy of the written emergency plan for fire emergencies and other disasters
- ☐ Emergency medical plan

Review the Following:

- ☐ Physical environment for cleanliness and sanitation
- ☐ Is all equipment and furniture clean and in good repair
- ☐ Fire alarms or smoke detectors are operating and monthly checks are completed and documented
- ☐ Fire extinguishers are accessible and checked monthly
- ☐ Exits are unobstructed and the program has at least two remote from one another
- ☐ Hot water temperatures do not exceed 120 degrees Fahrenheit
- ☐ Sprinkler systems, as applicable, have been tested within the last year and the sprinkler heads are not obstructed

- ❑ Kitchen and dietary areas are clean and sanitary and refrigeration units have appropriate thermometers

Participant Care Review

- ❑ Each participant has a written emergency medical plan agreed to and signed by the participant or the responsible party
- ❑ Emergency contact phone numbers for all participants
- ❑ Written medical assessment and physician orders written prior to admission into the program and signed within five days
- ❑ Written care plan developed by the fifth contact day
- ❑ Written monthly participant reviews to including an overview of care received, any accidents, injuries, or illness
- ❑ Medications are administered as ordered by the physician, by licensed staff, records of administration, and an self administration by participants
- ❑ Care plans are reviewed at least every six months or upon any changes in care needs and are modified as needed

Exit Conference

- ❑ Schedule the time for exit with the program director
- ❑ State the purpose of the exit conference
- ❑ Review the deficiencies with the program director including regulatory grouping numbers and give examples
- ❑ Explain regional office will send an SOD within 10 working days of the exit
- ❑ Explain time frames for correction
- ❑ Explain the POC shall be submitted to regional office within 10 work days upon receipt of the SOD
- ❑ Complete and leave copies of the Inspections Report forms and Inspection checklist